Mail Order Prescription Program for the Deployed Provider

Program Overview
For the Deployed Provider
November 2010

Promoting high quality, cost effective drug therapy throughout the Military Health System

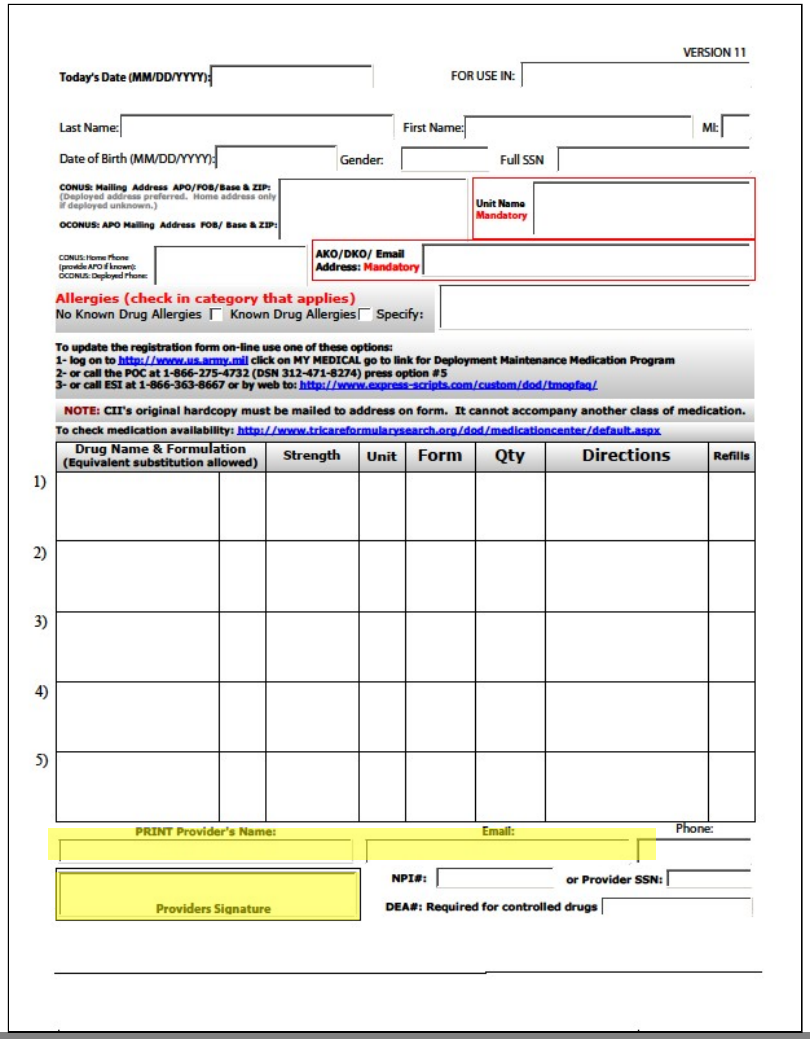
Submitting a Prescription for the Service Member From Theater

- **Upon evaluation of the service member in theater, the provider may contact the POC via e-mail @ pdts.ameddcs.amedd.army.mil to obtain access to the DPP server for prescription upload. An e-mail address and their medical status will be required. (MD, PA, NP, etc.)**
- *Server access is limited to key medical personnel which includes pharmacy. Submission by the member is prohibited in an effort to thwart fraudulent prescriptions.*

Submitting a Prescription for the Service Member From Theater

- **Once access has been obtained, the provider may retrieve the latest version of the DPP (Deployment Prescription Program) form from the server. (See next slide)**
- **It is preferred that the form be filled out electronically then printed and signed to ensure maximum clarity.**
- **If this is not feasible, handwritten prescriptions are allowed, but please make sure that a dark colored ink is used to avoid a light prescription.**

DPP Registration and Prescription Form



VERSION 11

Today's Date (MM/DD/YYYY): FOR USE IN:

Last Name: First Name: MI:

Date of Birth (MM/DD/YYYY): Gender: Full SSN

CONUS: Mailing Address APO/FOB/Base & ZIP: (Deployed address preferred. Home address only if deployed unknown.)

OCONUS: APO Mailing Address FOB/ Base & ZIP:

Unit Name Mandatory

CONUS: Home Phone (provide APO if known):
OCONUS: Deployed Phone:

AKO/DKO/ Email Address: Mandatory

Allergies (check in category that applies)
No Known Drug Allergies ☐ Known Drug Allergies ☐ Specify:

To update the registration form on-line use one of these options:
1- log on to http://www.us.army.mil click on MY MEDICAL go to link for Deployment Maintenance Medication Program
2- or call the POC at 1-866-275-4732 (DSN 312-471-8274) press option #5
3- or call ESI at 1-866-363-8667 or by web to: http://www.express-scripts.com/custom/dod/tmopfaq/

NOTE: CII's original hardcopy must be mailed to address on form. It cannot accompany another class of medication.

To check medication availability: http://www.tricareformularysearch.org/dod/medicationcenter/default.aspx

	Drug Name & Formulation (Equivalent substitution allowed)		Strength	Unit	Form	Qty	Directions	Refills
1)								
2)								
3)								
4)								
5)								

PRINT Provider's Name: Email: Phone:

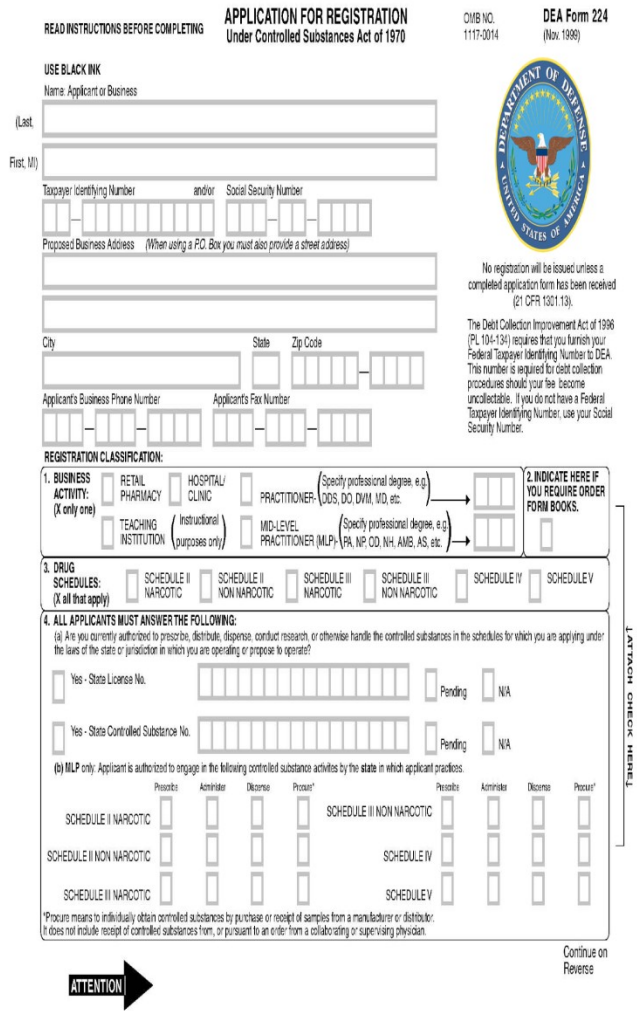
Providers Signature

NPI#: or Provider SSN:

DEA#: Required for controlled drugs

- **An original signature is required on each prescription. Per Arizona state law, electronic signatures are not allowed and will not be honored by the mail order pharmacy.**
- **Any prescription missing an original signature will not be filled by the mail order pharmacy.**
- **Provider information must also be legible to include a printed name and contact information (e-mail)**
- **If there is an issue with the prescription, the prescriber will be contacted via e-mail.**

DPP Registration and Prescription Form Continued



READ INSTRUCTIONS BEFORE COMPLETING

APPLICATION FOR REGISTRATION
Under Controlled Substances Act of 1970

OMB NO. 1117-0014

DEA Form 224
(Nov. 1998)

USE BLACK INK

Name: Applicant or Business

(Last)

First, MI)

Taxpayer Identifying Number and/or Social Security Number

Proposed Business Address (When using a P.O. Box you must also provide a street address)

City State Zip Code

Applicant's Business Phone Number Applicant's Fax Number

No registration will be issued unless a completed application form has been received (21 CFR 1301.13).

The Debt Collection Improvement Act of 1996 (PL 104-134) requires that you furnish your Federal Taxpayer Identifying Number to DEA. This number is required for debt collection procedures should your fee become uncollectible. If you do not have a Federal Taxpayer Identifying Number, use your Social Security Number.

REGISTRATION CLASSIFICATION:

1. BUSINESS ACTIVITY: (X only one) — RETAIL PHARMACY; HOSPITAL/ CLINIC; PRACTITIONER (Specify professional degree, e.g. DDS, DO, DVM, MD, etc.); TEACHING INSTITUTION (Instructional purposes only); MID-LEVEL PRACTITIONER (MLP) (Specify professional degree, e.g. PA, NP, CD, NH, AMB, AS, etc.)

2. INDICATE HERE IF YOU REQUIRE ORDER FORM BOOKS.

3. DRUG SCHEDULES: (X all that apply) — SCHEDULE II NARCOTIC; SCHEDULE II NON NARCOTIC; SCHEDULE III NARCOTIC; SCHEDULE III NON NARCOTIC; SCHEDULE IV; SCHEDULE V

4. ALL APPLICANTS MUST ANSWER THE FOLLOWING:

(a) Are you currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operate?

Yes - State License No. Pending N/A

Yes - State Controlled Substance No. Pending N/A

(b) MLP only: Applicant is authorized to engage in the following controlled substance activities by the state in which applicant practices.

	Prescribe	Administer	Dispense	Procure*		Prescribe	Administer	Dispense	Procure*
SCHEDULE II NARCOTIC					SCHEDULE III NON NARCOTIC				
SCHEDULE II NON NARCOTIC					SCHEDULE IV				
SCHEDULE III NARCOTIC					SCHEDULE V				

*Procure means to individually obtain controlled substances by purchase or receipt of samples from a manufacturer or distributor. It does not include receipt of controlled substances from, or pursuant to an order from a collaborating or supervising physician.

ATTACH CHECK HERE

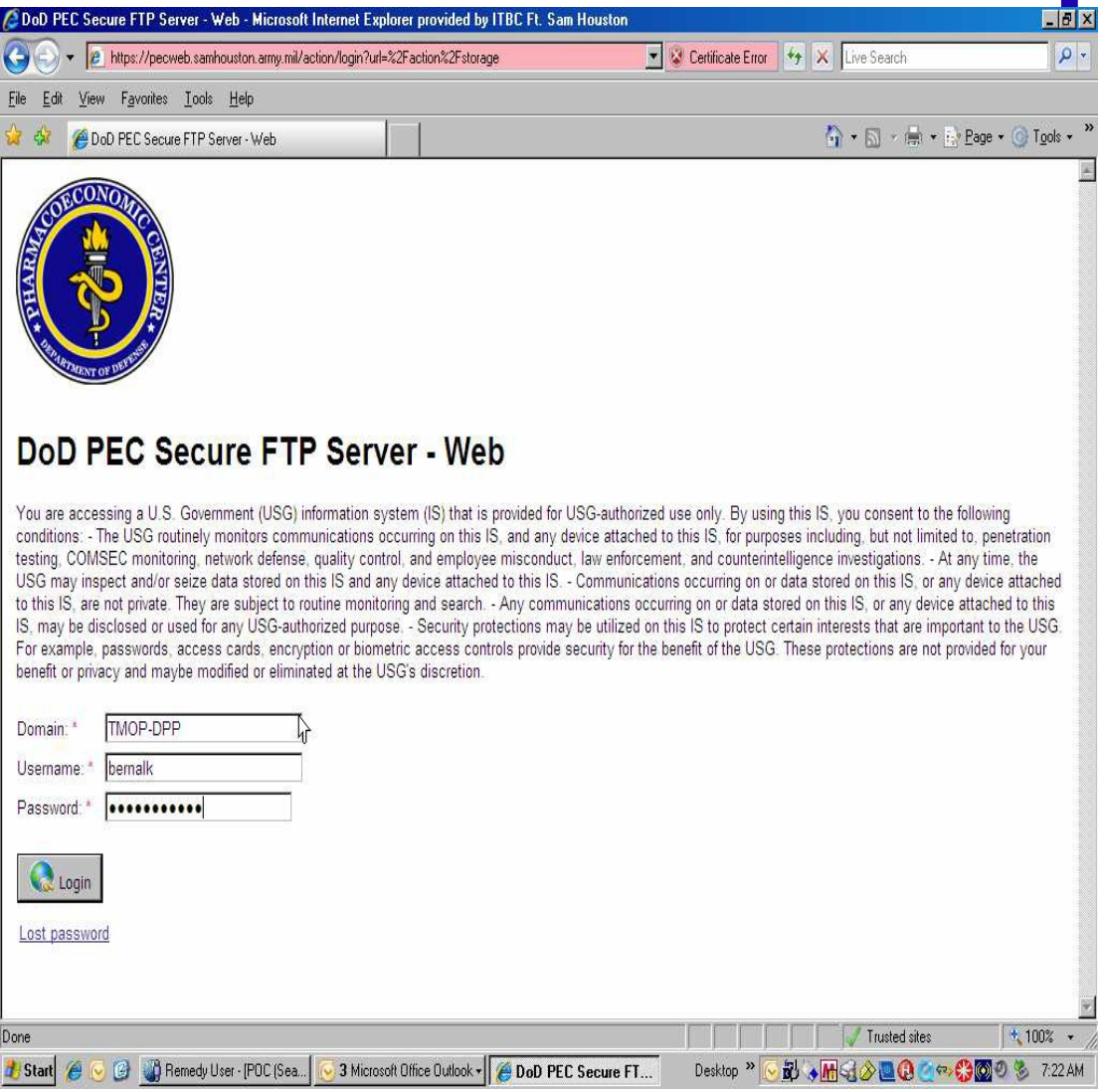
Continue on Reverse

ATTENTION

- **A DEA number is required for all controlled substances.**
- **If the provider does not possess their own DEA number they may apply for one using the provided link:**
- **http://pec.ha.osd.mil/files/Waiver_Form_224.pdf**
- **Please visit the PEC website to view the HA memorandum explaining the DoD Fee exempt process.**

http://www.pec.ha.osd.mil/

Server Upload


DoD PEC Secure FTP Server - Web - Microsoft Internet Explorer provided by ITBC Ft. Sam Houston
https://pecweb.samhouston.army.mil/action/login?url=%2Faction%2Fstorage
Certificate Error
Live Search
File Edit View Favorites Tools Help
DoD PEC Secure FTP Server - Web
Page Tools
DoD PEC Secure FTP Server - Web
You are accessing a U.S. Government (USG) information system (IS) that is provided for USG-authorized use only. By using this IS, you consent to the following conditions: - The USG routinely monitors communications occurring on this IS, and any device attached to this IS, for purposes including, but not limited to, penetration testing, COMSEC monitoring, network defense, quality control, and employee misconduct, law enforcement, and counterintelligence investigations. - At any time, the USG may inspect and/or seize data stored on this IS and any device attached to this IS. - Communications occurring on or data stored on this IS, or any device attached to this IS, are not private. They are subject to routine monitoring and search. - Any communications occurring on or data stored on this IS, or any device attached to this IS, may be disclosed or used for any USG-authorized purpose. - Security protections may be utilized on this IS to protect certain interests that are important to the USG. For example, passwords, access cards, encryption or biometric access controls provide security for the benefit of the USG. These protections are not provided for your benefit or privacy and maybe modified or eliminated at the USG's discretion.
Domain: * TMOP-DPP
Username: * bernalk
Password: *
Login
Lost password
Done
Trusted sites
100%
Start
Remedy User - [POC (Sea...
3 Microsoft Office Outlook
DoD PEC Secure FT...
Desktop
7:22 AM

Upon completion of the form, the provider will scan and save the completed document to their computer. It is suggested that the file be named with the member's name. By accessing the PEC FTP secure server at:

https://pecweb.samhouston.army.mil

The provider will upload the file into the appropriate folder based on the country they are currently serving in. (Iraq, Afghanistan, Qatar, etc.)

After upload has been completed. An e-mail to the POC may be sent to confirm receipt.

The Pharmacy Operation Center's Responsibility

- **The prescription will be retrieved from the server. Normal turnaround time for prescriptions is 24-48 hours from the date of receipt.**
- **The prescriber will be notified via e-mail when a prescription is returned by the mail order pharmacy. A copy of the rejected prescription will be placed on the server in a folder labeled 'Clinical Interventions'.**
- **The prescription may be retrieved here by the provider for correction and returned to the POC upon completion.**

TMA Pharmacy Operations Center (POC)

- **Primary point of contact for all service member's questions about their deployment prescriptions**

- **Serves as a liaison between the MTF, the service member (SM) and the mail order pharmacy (MOP) to ensure processing of refills in theater**

Reasons for Delay

- **Reasons for possible delays include but are not limited to:**
  - **Missing drug strength/Invalid drug strength**
  - **Missing/invalid directions (directions of 'As Directed' are not acceptable)**
  - **Missing provider signature/printed name**
  - **Missing provider's credentials**

Psychotropic Medications

- **Psychotropic medications: Refills are not authorized from the pre-deployment site in order to ensure follow up occurs.**
- **A 180 day supply is allowed with no refills.**
- **If subsequent fills are required due to an extension with the deployment, a new prescription will be required.** *Fills written for over the amount of 180 days will be reduced by the mail order pharmacy to the maximum amount allowed per CENTCOM policy.*

Schedule II Prescriptions

- **Schedule II prescriptions must be mailed to the POC.**
- **The POC will review and forward to the mail order pharmacy for processing.**
- **Scans or faxed prescriptions are not acceptable under federal law and will not be filled.**

Prior To Deploying-The SM's responsibilities

Obtain no less than 180 day supply of maintenance medication from the pre-deployment pharmacy

Provide Full Name, SSN, email address, and stateside address for registration and prescription form

****Note: It is very important the SM provide a good email address. This is how the POC will communicate with you for any issues that may arise with your prescription.****

Contact Information

pdts.ameddcs@amedd.army.mil

DoD Pharmacoeconomic Center

ATTN TMOP Team

2450 Stanley Rd, Suite 208

Ft Sam Houston, TX 78234

DSN 312-471-8274 or 1-866-275-4732 press menu option 5